

Budget Initiative Fact Sheet

Office: **MaineCare Services**

Date: **12/13/2011**

Initiative #: **7431 – Targeted Case Management**

Account: **0705, 0147**

I. Budget Proposal Description:

This initiative proposes to eliminate Targeted Case Management (TCM) (MaineCare Benefits Manual, Section 13) as an optional service. The target groups included in TCM are:

- Adults with developmental disabilities
- Adults with substance abuse disorders
- Adults with HIV
- Members experiencing homelessness

TCM services for children are not proposed for elimination.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	6,274,920	3,568,019	3,380,821	2,151,461
Other Special Revenue				
Federal Funds	10,784,254	8,575,663	9,923,054	5,578,864
Total	17,059,174	12,143,682	13,303,875	7,730,325

Other sources of funding for program, i.e. FHM? Yes x No

III. Total users of service:

<i>SFY 2008 Unduplicated Members</i>	<i>SFY 2009 Unduplicated Members</i>	<i>SFY 2010 Unduplicated Members</i>	<i>SFY 2011 Unduplicated Members</i>
10,339	4,589	6,038	6,722

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

Designated case management agencies shall be responsible for confirming the member's eligibility for case management services. If the individual is not currently receiving MaineCare, he or she will be referred to a district office of the Department of Health and Human Services, Office for Family Independence, to determine eligibility for MaineCare.

Additionally members must meet specific eligibility requirements for the designated target group. In order to receive Targeted Case Management Services, members must meet criteria for one of four target groups. There must be a diagnosis, where a diagnosis is a requirement of the individual Targeted Case Management Eligibility Group. The diagnosis must be rendered, within the scope of the individual's license, by a physician, a physician assistant or an independently licensed clinician (as defined in state statute or rule). Functional limitations must be identified, supported and documented in assessments using accepted standardized instruments that are developmentally appropriate to the members being assessed. Functional limitations may include limitations in; vocational activities, educational activities, instrumental activities of daily living (IADL), social or interpersonal impairment, community activities, self-care, independent living or activities of daily living (ADL).

Members must meet the eligibility criteria for one of the following targeted population groups:

1. Case Management Services for Adults with one of the following:

Developmental Disabilities,

An individual is eligible for case management services in this target group if he or she is age 18 or older and meets the eligibility requirements of Title 34B M.R.S.A. §3573, which defines developmental disabilities, or Title 34B M.R.S.A. §6002, which defines autism. A person who has reached his or her 18th birthday and is under age 21 may choose to receive case management services as an adult.

Substance Abuse Disorders

An adult who has an Axis I diagnosis(es) of substance abuse disorder(s) described in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) *and* who is currently seeking substance abuse treatment services by a DHHS-approved substance abuse treatment provider; *and* who is pregnant, who is living with his or her minor children, and/or who is an intravenous drug user, *and* who is enrolled in a substance abuse program which receives funding by the Substance Abuse Prevention Treatment Block Grant as provided by 42 U.S.C. section 300x-22(b).

HIV

An adult who is infected with the human immunodeficiency virus (HIV), as determined by a positive HIV antibody or antigen test, or who has a diagnosis of HIV disease or AIDS.

2. Case Management Services for Members Experiencing Homelessness

Eligibility requirements: Currently residing or has in the past 90 days resided in an emergency shelter in the State of Maine, *or* does not otherwise have a permanent address, residence, or facility in which they could reside. In addition, an individual must meet ALL of the following:

1. Require treatment or services from a variety of agencies and providers to meet the individual's medical, social, educational, and other needs; *and*
2. Will access needed services only if assisted by a qualified targeted comprehensive case manager who, in accordance with the individual plan of care, locates, coordinates, and regularly monitors the services; *and*

3. The member must meet at least one of the following criteria:
 - A. Is in need of immediate medical care; *or*
 - B. Is in need of an immediate crisis evaluation or mental health assessment to address a behavioral health issue; *or*
 - C. Has a current medical or mental health condition and is at risk of losing or has lost access to medically necessary services; *or*
 - D. Has an immediate need for medications to address an existing medical and/or behavioral health condition; *or*
 - E. Is demonstrating physical or mental impairment such that services are necessary to improve, restore or maintain health and well-being; *or*
 - F. Has experienced immediate or recent trauma and is demonstrating a need for assistance with gaining and coordinating access to necessary care and services appropriate to their needs.

V. Current Budget Proposal:

1) Appropriation Increase: \$ -0-

2) Appropriation Decrease: SFY '12 SFY '13
 \$ 483,652 2,201,640

3) Savings/Reduction Plan: Eliminate targeted case management as an optional service.

Services: Provided by a social services or health professional or other qualified staff, to identify the medical, social, educational and other needs (including housing and transportation) of the eligible member. Services must be identified to meet those needs, and access must be arranged. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation.

4) Any contracts impacted? ☐ Yes ☒ No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must receive advance notice. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statute 22 MRSA §3174-Q.

VII. Maintenance of Effort Requirements? Yes ☒ No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
G9012	Other Specified Case Mgmt	104,622
T1017	Targeted Case Management	22,346
Grand Total		126,968

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	434
Aroostook	437
County Unidentified	146
Cumberland	1,414
Franklin	102
Hancock	90
Kennebec	721
Knox	112
Lincoln	101
Oxford	214
Penobscot	812
Piscataquis	72
Sagadahoc	124
Somerset	269
Waldo	111
Washington	138
York	741

Gender	
Female	2861
Male	3177

Between Age 55 - 64	824
Average Age	41
Median Age	39

Marital Status	
Divorced	293
Married	301
Single	3976
Widowed	49
Separated	178
Unidentified	1241

Income	
Earnings	1127
Pension/Retirement	122
Unemployment	27
Workers Comp	3